

County: Ozaukee
 MEQUON CARE CENTER LLC
 10911 NORTH PORT WASHINGTON ROAD
 MEQUON 53092 Phone: (262) 241-2080
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 140
 Total Licensed Bed Capacity (12/31/01): 208
 Number of Residents on 12/31/01: 138

Facility ID: 5560

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Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 143

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.3
Supp. Home Care-Personal Care	No					1 - 4 Years		33.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.7	Under 65	8.7	More Than 4 Years		25.4
Day Services	No	Mental Illness (Org./Psy)	25.4	65 - 74	11.6			-----
Respite Care	No	Mental Illness (Other)	2.9	75 - 84	34.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	5.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.7		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	17.4	65 & Over	91.3	-----		
Transportation	No	Cerebrovascular	6.5		-----	RNs		11.8
Referral Service	No	Diabetes	2.2	Sex	%	LPNs		8.5
Other Services	Yes	Respiratory	4.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.1	Male	24.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	75.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi cal d (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	18	100.0	295	88	95.7	108	0	0.0	0	26	92.9	163	0	0.0	0	0	0.0	132	95.7
Intermediate	---	---	---	4	4.3	89	0	0.0	0	2	7.1	160	0	0.0	0	0	0.0	6	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	18	100.0		92	100.0		0	0.0		28	100.0		0	0.0		0	0.0	138	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	2.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	2.2	63.8	34.1	138
Other Nursing Homes	5.4	Dressing	8.7	66.7	24.6	138
Acute Care Hospitals	89.1	Transferring	22.5	51.4	26.1	138
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	12.3	47.1	40.6	138
Rehabilitation Hospitals	0.3	Eating	51.4	37.7	10.9	138
Other Locations	2.7	*****				
Total Number of Admissions	294	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.4	Receiving Respiratory Care		5.1
Private Home/No Home Health	24.0	Occ/Freq. Incontinent of Bladder	37.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	24.0	Occ/Freq. Incontinent of Bowel	17.4	Receiving Suctioning		0.0
Other Nursing Homes	6.9			Receiving Ostomy Care		1.4
Acute Care Hospitals	14.5	Mobility		Receiving Tube Feeding		2.2
Psych. Hosp. -MR/DD Facilities	0.3	Physically Restrained	0.7	Receiving Mechanically Altered Diets		34.8
Rehabilitation Hospitals	0.0					
Other Locations	9.5	Skin Care		Other Resident Characteristics		
Deaths	20.7	With Pressure Sores	15.2	Have Advance Directives		78.3
Total Number of Discharges		With Rashes	3.6	Medications		
(Including Deaths)	304			Receiving Psychoactive Drugs		57.2

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 200+ Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	68.3	77.1	0.88	80.2	0.85	82.7	0.83	84.6	0.81
Current Residents from In-County	37.7	82.7	0.46	83.3	0.45	85.3	0.44	77.0	0.49
Admissions from In-County, Still Residing	8.5	19.1	0.44	27.4	0.31	21.2	0.40	20.8	0.41
Admissions/Average Daily Census	205.6	173.2	1.19	94.3	2.18	148.4	1.39	128.9	1.59
Discharges/Average Daily Census	212.6	173.8	1.22	98.8	2.15	150.4	1.41	130.0	1.63
Discharges To Private Residence/Average Daily Census	102.1	71.5	1.43	31.6	3.23	58.0	1.76	52.8	1.94
Residents Receiving Skilled Care	95.7	92.8	1.03	89.7	1.07	91.7	1.04	85.3	1.12
Residents Aged 65 and Older	91.3	86.6	1.05	90.1	1.01	91.6	1.00	87.5	1.04
Title 19 (Medicaid) Funded Residents	66.7	71.1	0.94	71.6	0.93	64.4	1.04	68.7	0.97
Private Pay Funded Residents	20.3	13.9	1.46	19.1	1.06	23.8	0.85	22.0	0.92
Developmentally Disabled Residents	0.7	1.3	0.54	0.8	0.87	0.9	0.77	7.6	0.10
Mentally Ill Residents	28.3	32.5	0.87	35.4	0.80	32.2	0.88	33.8	0.84
General Medical Service Residents	34.1	20.2	1.68	20.3	1.68	23.2	1.47	19.4	1.75
Impaired ADL (Mean)	54.1	52.6	1.03	51.8	1.04	51.3	1.05	49.3	1.10
Psychological Problems	57.2	48.8	1.17	47.7	1.20	50.5	1.13	51.9	1.10
Nursing Care Required (Mean)	7.8	7.3	1.06	7.3	1.06	7.2	1.08	7.3	1.06